

Oxfordshire's Care Closer to Home Strategy

Purpose

The purpose of this paper is to seek system wide input into the developing strategy to promote a shift in health and social care so that more care is delivered in the community, either at or closer to home. By this, we mean increasing the volume, quality and effectiveness of care delivered in the community, either at or closer to home, and facilitating the shifts in resources, capabilities and patient flows required to deliver this. This plan is being brought to the Transformation Board to provide a strategic steer at an early stage of its development. The Transformation Board is asked to review the ambitions of this strategy and the metrics which could be used to measure whether the strategy is effective in delivering these objectives and to agree how the strategy should be further developed at an operational level.

Background

The Transformation Board has identified in its storyboard the need to change the system of care in Oxfordshire to achieve a sustainable health economy. The Care Closer to Home strategy is one of a number of work streams that seek to achieve this transformation. The outline of a strategy was presented at the October meeting of the Transformation Board by OCCG's Clinical Chairman and further discussion was held at a special workshop on 14 November attended by system leaders and senior clinicians and managers. The attached first draft of a strategic plan has been developed as a result of these discussions and seeks to provide a framework for a range of initiatives both underway and planned which seek to achieve the shift in care from a hospital to a community setting. The plan requires further input and development from all stakeholders and this paper sets out some key questions which will support its refinement.

Care Closer to Home Framework

It is proposed that the Strategy comprises the following:

- Vision and Strategic Aims
- Key Objectives and Proposed interventions and metrics to measure their effectiveness
- Key enablers

The strategy will necessarily be high level in its content; more detailed, costed implementation plans will be linked to the different interventions that it describes.

Proposed Vision and Strategic Objectives

Our vision is that, by working together, we will enable people in Oxfordshire to access high quality care in the place most appropriate for their needs. This requires more care to be provided at or closer to home.

Strategic Aims:

- to address the problems facing the Oxfordshire health and care system set out in the Transformation Board's case for change.
- to achieve a step change in developing community services and to reduce demand for hospital care.
- to integrate care around patients not organisations promoting health and wellbeing, offering rapid access for urgent problems and comprehensive prevention approaches for patients and populations at risk of poor health.

Q1: *Is this vision meaningful and ambitious enough?*

Key Objectives and Proposed Metrics

Q2: Are these objectives correct and what are the best measures to know that they are being achieved?

Objective	Proposed Metrics
<p>To increase people's ability for self-care so that they can live well and avoid unnecessary hospital admission</p>	<p>Nos of people quitting smoking at 4 weeks</p> <p>Proportion of the eligible population receiving Health Checks</p> <p>Obesity – metrics to be developed</p> <p>Metric to measure patient ability to manage their LTC condition</p>
<p>To deliver fully integrated care, close to home, for the frail elderly and people with complex multi-morbidities</p>	<p>7 day services will be available to support discharge and enable people to live well at home</p> <p>Increase the proportion of older people with an ongoing care package supported to live at home</p> <p>Increase the number of people dying in their place of choice</p> <p>Reduction in emergency admissions</p>
<p>To build on the successful UK model of general practice to create sustainable primary care which can offer a broader range of services at a different scale.</p>	<p>We will deliver a primary care service that is meeting changing expectations of GP led integration of care, achieving above the national average of people 'very satisfied' with their experience of their GP surgery</p> <p>We will have increased the no of people with mental and physical health problems having a positive experience of care in General Practice and the community from xx to xx by March 2020. (EA7 Outcome Ambition 6)</p> <p>We will provide care in the most appropriate location; the objective being to keep the person in their own home for as long as possible.</p>
<p>To plan and deliver care around patients, not organisations, taking a population health based approach so that proactive care is provided tailored to the needs of the local population</p>	<p>We will be meeting all NHS Constitution measures sustainably by the end of this plan period, with significant improvement in the first two years.</p> <p>We will reduce the carbon footprint linked to</p>

Objective	Proposed Metrics
	<p>health related journeys by reducing them in Oxfordshire by xxx.</p> <p>Reduction in the number of outpatient attendances</p> <p>Reduction in health inequalities</p>
<p>To increase people's ability to access urgent care more locally when they become unwell, avoiding being admitted to hospital if appropriate</p>	<p>Increase in the number of patients using ambulatory care</p> <p>Increase in ambulance conveyance from ED to ambulatory care</p> <p>(specific metrics to be developed)</p> <p>The number of DTOCS in Oxfordshire will have reduced from xxx per 100,000 population to xx per 100,000</p>
<p>To increase the capacity of the out of hospital workforce to ensure that they are well trained and to provide care rated amongst the best nationally</p>	<p>Metrics required – reduction in vacancy rates?</p>

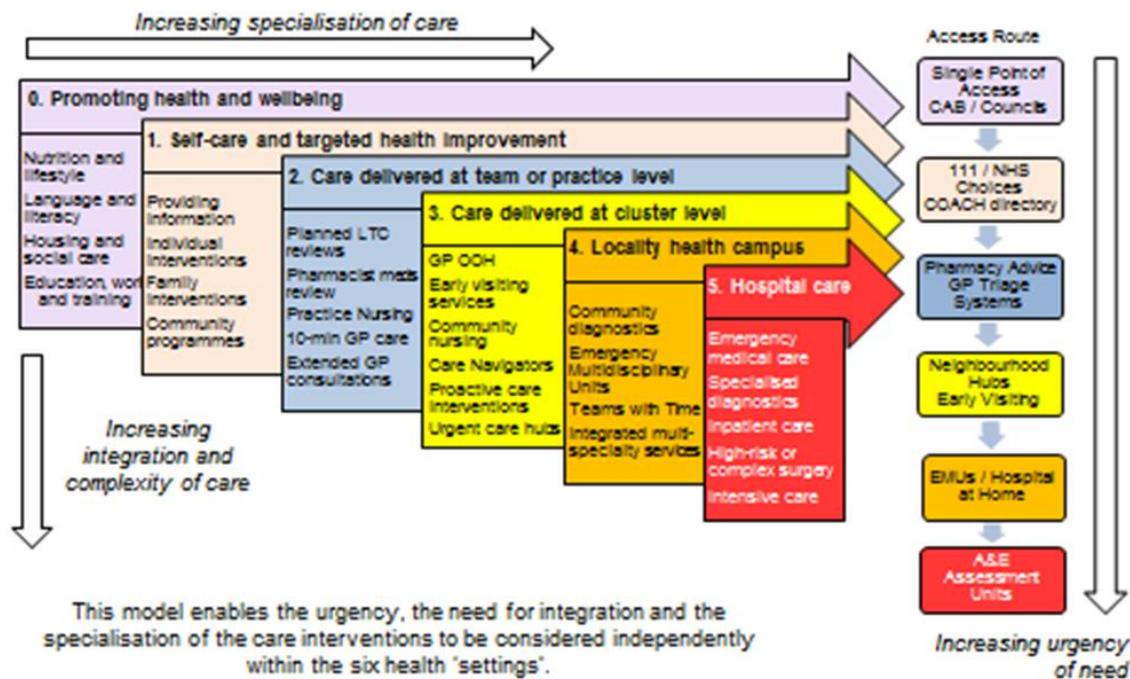
Proposed Interventions

Interventions identified on the plan will together seek to shift care so that more is delivered in the community, see diagram overleaf. The plan identifies six key interventions:

1. Enhanced promotion of health and wellbeing
2. Achieving integration
3. Primary care development
4. Development of Locality Health Campuses
5. Increased use of urgent ambulatory subacute/acute approach for when people become unwell
6. Development of new workforce roles, behaviours, and competencies to deliver new care pathways and effective care planning

Q3: Do any of these interventions need to be prioritized to enable more rapid transformation?

Oxfordshire 'Closer-to-Home' Health and Care Model



Key Enablers

The strategy identifies a number of key enablers to deliver this transformational change:

- effective public engagement so that patients and their needs are at the centre of change
- integrated IT and increased use of digital technology
- a system wide workforce plan
- organisational development across all local organisations promoting a change in attitude and behaviours
- new financing and contracting mechanisms to support new ways of working
- an effective governance structure which will support and monitor delivery of change

These enablers form part of the work programme for the Transformation Board and are being taken forward by the system leaders.

Q4: Are there other key enablers that have not been identified?

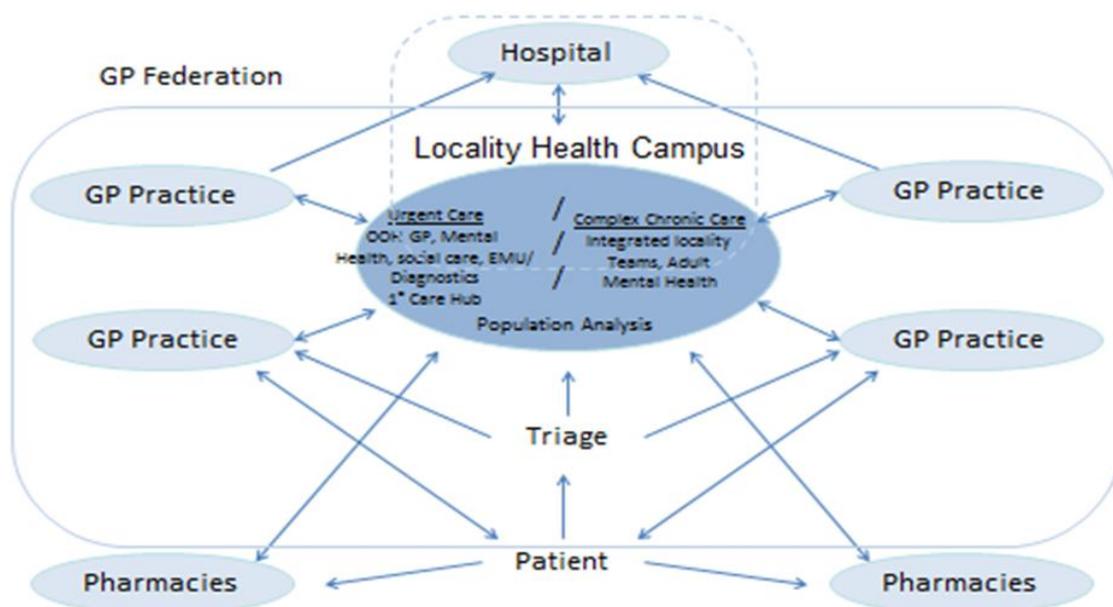
Development of the Strategy

The strategy will be revised to reflect discussions at the Transformation Board meeting on 15 December. Each organization then needs to secure engagement within their organization so that there is a shared purpose, shared understanding of what needs to change, and shared understanding of the challenges of the different parts of the system,

Q5: Is a county wide workshop for key operational clinicians and managers the best way of engaging partners in developing the strategy or should this be done at a local level?

Proposed Locality Demonstrator Sites for Developing Health Campuses

The strategy proposes the development of health campuses within localities to promote increased access to community based urgent care, access to specialist expertise for improving the proactive management of complex patients, and capacity to undertake population analysis to identify the health needs of the local population so that services are developed which address their particular needs.



It is proposed to take a patched approach to developing these health campuses in order to test new ways of working in Oxfordshire's localities and to be able to implement change rapidly at a small scale to assess its impact. Initial discussions indicate the following areas of interest for demonstrator sites:

North: In the Chipping Norton area increased integrated working between practice and community nursing is being piloted and in Banbury social prescribing pilots are underway working with Cherwell and South Northants District Council and the local voluntary sector.

North East: There are two areas of activity in this locality, one centred on Bicester, the other on Kidlington. Both areas are interested in increasing the local provision of elective care where there is clinical value to be gained from providing it in a community setting using new pathways of care.

South West: The practices in Didcot have held a meeting to review the impact of the population growth linked to the housing developments in Didcot, Wantage, Abingdon (it is of a larger scale than Bicester) and a scoping paper has been developed to consider the options for developing health services in the south of Oxfordshire. These include the option of developing a diagnostics and treatment centre, co-located with primary care which could potentially act as a resource for the whole of Oxfordshire.

West: The West locality is interested in developing the concept of a multispecialty community provider, see outline initial proposal attached.

City: The City is interested in testing a new 'cluster-based' model of delivering community and urgent care. This will involve integrating aspects of existing community, primary care and intermediate care services, with OxFed working in partnership with Oxford Health FT, OUHFT, Adult Social Services and the third sector. Outline proposal attached.

South East: Health campus being established at Henley based on RACU model.

Q6: Does the Transformation Board support the patch approach to testing new ways of working in localities?

Monitoring Implementation of the Strategy

Responsibility for implementation of the various interventions identified within the strategy will vary depending on the intervention. In most cases all parts of the system, both providers and commissioners, will be involved in delivering change.

A single senior joint team could have overall oversight of delivery of the strategy with joint teams in work streams and locality based joint teams for reporting progress to the Transformation Board.

Q7: Is this the most effective monitoring mechanism?

Conclusion

The Transformation Board is asked to provide feedback on the following questions:

Q1: Is this vision meaningful and ambitious enough?

Q2: Are these objectives correct and what are the best measures to know that they are being achieved?

Q3: Do any of these interventions need to be prioritized to enable more rapid transformation?

Q4: Are there other key enablers that have not been identified?

Q5: Is a county wide workshop for key operational leaders the best way of engaging partners in developing the strategy or should this be done at a local level?

Q6: Does the Transformation Board support the patch approach to testing new ways of working in localities?

Q7: Is this the most effective monitoring mechanism?

Dr Joe McManners and Rosie Rowe
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